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l .	RANSMETAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. C-505 / TEC1213-01			
Re Application Of: Robin G. Skinner									
Application No.		Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.			
10/657,309		09/08/2003		000832		9745			
Title: COMPRESSOR HAVING ALIGNMENT BUSHINGS AND ASSEMBLY METHOD									
	Address to:  Commissioner for Patents  P.O. Box 1450  Alexandria, VA 22313-1450								
			37 CFR 1.97(b)						
1. 🗵	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.								
	37 CFR 1.97(c)								
2.	The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:								
the statement specified in 37 CFR 1.97(e);									
OR									
the fee set forth in 37 CFR 1.17(p).									

Application No. Filing Date Examiner Customer No. Group Art Unit Confirmation No. 10/657,309 09/08/2003 09/08/2003 09/08/2003 09/08/2003  Title:  COMPRESSOR HAVING ALIGNMENT BUSHINGS AND ASSEMBLY METHOD  Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(pt))  A check in the amount of is attached.  The Director is hereby authorized to charge and credit Deposit Account No. 02-0385 as described below.  Charge the amount of Charge the amount of Set Stackhed.  WARNING: Information on this form PTO-2038 is attached.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Certificate of Transmission by Facsimile*  I certify that this consepondence is being deposited account is being facsimale transmitted to the United States Position Service with sufficient possage and counting the Complete States of Service with sufficient possage in the United States Position Service with sufficient possage in Complete States Service States Servi	TRANSMITTA	AL OF INFORMA (Under 37 CF)	Docket No. C-505 / TEC1213-01							
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(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))  □ A check in the amount of is attached. □ The Director is hereby authorized to charge and credit Deposit Account No. 02-0385 as described below. □ Charge the amount of □ Credit any overpayment. □ Charge any additional fee required. □ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Certificate of Transmission by Facsimile* □ certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. □ (Date) □ (Date) □ Signature □ Signa										
□ A check in the amount of is attached.  □ The Director is hereby authorized to charge and credit Deposit Account No. 02-0385 as described below.  □ Charge the amount of □ Credit any overpayment. □ Charge any additional fee required. □ Payment by credit card. Form PTO-2038 is attached.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Certificate of Transmission by Facsimile* □ Certificate of Transmission by Facsimile* □ Certificate of Mailing by First Class Mail □ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to □ Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-(430*) (37 CRR 1.8(a)) on September 8, 2005 □ Control of Printed Name of Person Signing Certificate □ Signature □ John F. Hoffman □ Typed or Printed Name of Person Mailing Certificate □ Typed or Printed Name of Person Mailing Certificate □ Signature □ John F. Hoffman, Regis. No. 26,280 □ BAKKR & DANIELS □ Dated: September 8, 2005		(Only cor			fee set forth in 37	CFR 1.17(p))				
Typed or Printed Name of Person Signing Certificate  *This certificate may only be used if paying by deposit account.  Dated: September 8, 2005  Signature  John F. Hoffman  Typed or Printed Name of Person Mailing Certificate  *This certificate may only be used if paying by deposit account.  Dated: September 8, 2005  Signature  John F. Hoffman, Regis. No. 26,280  BAKER & DANIELS  111 East Wayne Street, Suite 800	The Director is hereby authorized to charge and credit Deposit Account No. 02-0385 as described below.  Charge the amount of Credit any overpayment. Charge any additional fee required.  Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Certificate of Transmission by Facsimile*  Certificate of Mailing by First Class Mail    Certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No.    Description of the provided in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1490" [37 CFR 1.8(a)] on September 8, 2005									
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John F. Hoffman, Regis. No. 26,280  BAKER & DANIELS  111 East Wayne Street, Suite 800	Zyped or P	rinted Name of Person Sig								
TX: (260) 424-8000 FAX: (260) 460-1700										

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(Use several sheets if necessary)					Filing Date		1	Group Art Unit			
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